1	7 2005	this form, together wi	••	–	Comi P.O.	Stop ISSU, missioner f Box 1450 indria, Vir	or Paí	tents ·	
				or <u>Y</u>	<u>Cax</u> (703)	746-4000 T			
AD	INSTRUCTIONS: This for appropriate. All further completed unless corrected maintenance fee notification	orm should be used for train trespondence including the below or directed otherwise ma.	nsmitting the ISSU Patent, advance of in Block I, by (a	JE FEE and I rders and notic i) specifying a	PUBLICATION fication of mair new correspond	PRE (if requirements of the property of the pr	uired). I will be s; and/o	Blocks 1 through 5 s mailed to the current (b) indicating a sep	should be complete t correspondence ad sarate "FEE ADDR
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 490 7590 10/18/2004			· · =	LCO(A)	Alexandria, Virginia 22313-1450 (703) 746-4000 LICATION FRE (if required). Blocks 1 through 5 should be complete ion of maintenance fees will be mailed to the current correspondence ad a correspondence address; and/or (b) indicating a separate "FEE ADDR Note: A certificate of mailing can only be used for domestic mailin Fee(s) Transmittal. This certificate cannot be used for any other accompaners. Each additional paper, such as an assignment or formal draw have its own certificate of mailing or transmission.			
	VIDAS, ARRET	T & STEINKRAUS	. P.A.			Ce	rtificati	e of Mailing or Trans	ราพระระกา
	6109 BLUE CIRC		,		I hereby	y certify that t	his Fcc((3) Transmittal is bein fficient postage for fir ISSUE FEE address (3) 746-4000, on the	ig deposited with th
	SUITE 2000				address	ed to the Ma	il Stop	ISSUE FEE address	above, or being
	MINNETONKA,	MN 55343-9185			I				(Deposi
ንለለ	5 MGEBREM2 00000157	220350 10600017			He10	i J. Ste			(рерид
.vv						(X1X):	<u> Du</u>	utor	
1501 1504		1300				בטודב			· · · · · · · · · · · · · · · · · · ·
	APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION
	10/600,017	06/19/2003		David A.	Fenera		Sé	53.2-6259-US03	8454
ſ	ADDIN TYPE	SMALL ENTITY	lect in E	pp	PURI ICAT	TON PPP	1 70	TAI FERM DUTE	DATE DIE
[APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FI		PUBLICAT		TO	ral fee(s) due	DATE DUE 01/18/2005
[nonprovisional)		00	TO	<u> </u>	
[nonprovisional EXAM	МО	\$1370	îr l	\$30	DO BCLASS	<u> </u>	<u> </u>	·
	nonprovisional EXAN KENNEDY, Change of correspondence (CFR 1.363). Change of correspondence (CFR 1.363). Change of correspondence (CFR 1.363). The change of correspondence (CFR 1.363). The change of correspondence (CFR 1.363).	NO AINER	\$1370 ART UN 3762 ee Address* (37 Correspondence	2. For print (1) the nan or agents O (2) the nam registered s 2 registered	CLASS-SUI 604-09 ing on the pater nes of up to 3 r IR, alternatively, ne of a single fir ittorney or agen to nate that there	BCLASS 6010 It front page, lifegistered pater It (having as it) and the name or agents. If	ist nt attorr	\$1670	·
	nonprovisional EXAM KENNEDY Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 TFC Address" indica PTO/SB/47; Rev 03-02 Number is required.	NO ATNER SHARON E e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use	S1370 ART UN 3762 ee Address* (37 Correspondence ation form	2. For print (1) the nan or agents O (2) the nan registered s 2 registered isted, no na	CLASS-SUI 604-09 ing on the pater nes of up to 3 r R, alternatively ne of a single fit attorney or agen d patent attorney anc will be prin	BCLASS 6010 It front page, lifegistered pater It (having as it) and the name or agents. If	ist nt attorr	\$1670	01/18/2005
_	nonprovisional EXAM KENNEDY, Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 Tree Address* indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND	NO ATNER SHARON E e address or indication of "F dence address (or Change of 22) attached.	S1370 ART UN 3762 ee Address* (37 Correspondence ation form e of a Customer E PRINTED ON T	2. For print (1) the nan or agents Q (2) the nan registered s 2 registered listed, no na	CLASS-SUI 604-09 ing on the pater nes of up to 3 r R, alternatively introney or agen i patent attorney ame will be prin (print or type)	BCLASS 6010 It front page, lifegistered pater In (having as it) and the name it or agents. If	ist nt attorr a memb nes of u	\$1670 eys Vidas, A ora 2 ora 2 ora 3	01/18/2005 Arrett&Stein
_	nonprovisional EXAM KENNEDY, Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 Tree Address* indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND	NO AINER SHARON E e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use O RESIDENCE DATA TO B an assignce is identified be a 37 CFR 3.11. Completion	ART UN 3762 ee Address* (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOI	2. For print (1) the nan or agents O (2) the nan registered s 2 registered isted, no na THE PATENT data will appe (a substitute for	CLASS-SUI 604-09 ing on the pater nes of up to 3 r R, alternatively introney or agen i patent attorney ame will be prin (print or type)	BCLASS 6010 It front page, if egistered pater in (having as it) and the name is or agents. If the control is t	ist nt attorr a membres of up no name	\$1670 Property Street	01/18/2005 Arrett&Stein
	nonprovisional EXAN KENNEDY, 1. Change of correspondenc CFR 1.363). Change of correspon Address form PTO/SB/1 Foc Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set furth in (A) NAME OF ASSIGN	NO AINER SHARON E e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indication more recent) attached. Use O RESIDENCE DATA TO B an assignce is identified be a 37 CFR 3.11. Completion	S1370 ART UN 3762 ee Address* (37 Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NO1 (B)	2. For print (1) the nan or agents O (2) the nan registered s 2 registered isted, no na THE PATENT data will appe (a substitute for	CLASS-SUI 604-09 fing on the pater fines of up to 3 r R, alternatively, fine of a single fin fittomey or agen a patent attorney ance will be prin (print or type) for filing an assign E: (CITY and ST	BCLASS 6010 It front page, if egistered pater in (having as it) and the name is or agents. If the control is t	ist nt attorr a membres of up no name	\$1670 Property Street	01/18/2005 Arrett&Stein
. 3	nonprovisional EXAM KENNEDY Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 Tec Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT	NO ATNER TO SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address Indication (or "Fee Address" Indication (or	S1370 ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOI (B	2. For print (1) the nam or agents O (2) the nam registered a 2 registered isted, no na THE PATENT data will appe (a substitute fo) RESIDENCE	CLASS-SUI 604-09 ing on the pater nes of up to 3 r IR, alternatively, the of a single fin attorney or agen to patent attorney and will be prin (print or type) ar on the pater or filing an assi E: (CITY and ST OYE, MN	BCLASS 6010 It front page, it egistered pater m (having as 1) and the name or agents. If the decire the decir	ist nt attorr a memb nes of u no nam nee is id	\$1670 Leys Vidas, A Ta 2 To to the is 3 entified below, the d	01/18/2005
<u>F</u>	nonprovisional EXAM KENNEDY I. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 The Address indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT Please check the appropriate	NO ATNER By SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address indication of "F The address indication of "F The address or indication of "F The address or i	S1370 ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOI (B)	2. For print (1) the name or agents O (2) the name registered at 2 registered itsted, no name of the PATENT data will appear a substitute for particular of the particular of	CLASS-SUI 604-09 ing on the patent of a single fin attorney or agend patent attorney and will be prin (print or type) ar on the patent of filing an assign of the patent of the patent of filing an assign of the patent of t	BCLASS 6010 It front page, it egistered pater m (having as 1) and the name or agents. If the decire the decir	ist nt attorr a memb nes of u no nam nee is id	\$1670 Property Street	01/18/2005
<u>F</u>	nonprovisional EXAM KENNEDY Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 Change of correspondence For Address indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT Please check the appropriate The following fec(s) are	NO ATNER By SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address indication of "F The address indication of "F The address or indication of "F The address or i	ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOI (B) Increase (will not be printed to the prin	2. For print (1) the name or agents O (2) the name registered at 2 registered itsted, no name of the PATENT data will appear a substitute for particular of the particular of the payment of F	CLASS-SUI 604-09 ing on the patent of the patent of a single fin attorney or agend patent attorney and will be print of type) ar on the patent of filing an assign of the patent of t	BCLASS 6010 It front page, it egistered pater It and the nance or agents. If the the control of	ist nt attorr a memb nes of un no nam nee is id	\$1670 Leys Vidas, A Ta 2 To to the is 3 entified below, the d	01/18/2005
<u>F</u>	nonprovisional EXAM KENNEDY I. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 The Address indicate PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT Please check the appropriate The following fec(s) are	NO ATNER By SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address indication of "F The address indication of "F The address or indication of "F The address or indication of "F The address indication of "F The address or indication	S1370 ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOT (B) Tries (will not be pri 4b.	2. For print (1) the name or agents O (2) the name registered at 2 registered itsted, no name of the PATENT data will apper a substitute for particular on the particular of F	CLASS-SUI 604-09 ing on the pater act of up to 3 r R, alternatively act of a single fit attorney or agen d patent attorney and will be prin (print or type) ar on the patent of filing an assig B: (CITY and ST COYE, MN tent): Ind fcc(s):	BCLASS 6010 It front page, it egistered pater It and the name or agents. If the deciration of the control of t	ist nt attorr a membrass of up no nam nee is id UNTRY	\$1670 heys Vicas, A or a 2 or to c is 3 entified below, the d on or other private gre	01/18/2005
<u>P</u>	nonprovisional EXAM KENNEDY I. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 The Address indicate PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT Please check the appropriate The following fec(s) are	NO ATNER BY SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address (or	S1370 ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOI (B) Tries (will not be pri 4b.	2. For print (1) the name or agents O (2) the name registered at 2 registered itsted, no name of the PATENT data will apper a substitute for particular of the particular of the particular of the payment of F	CLASS-SUI 604-09 ing on the pater acc of up to 3 r R, alternatively, ac of a single fir attorney or agen d patent attorney and will be prin (print or type) ar on the patent of filling an assig B: (CITY and ST COYE, MN tent): Ind fec(s): the amount of type or credit card. Fe	BCLASS 6010 It front page, it egistered pater It and the nance or agents. If the the control of	ist nt attorr a membras of up no nam nee is id UNTRY orporati	\$1670 heys Vicas, A or a 2 or to c is 3 entified below, the d on or other private gre	01/18/2005 Arrett&Steir Locument has been oup entity Gov
	nonprovisional EXAM KENNEDY Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspondence CHANGE Sorm PTO/SB/1 Change of correspondence The Change of correspondence CANDERS NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN BOSTON SCIENT Clease check the appropriate The following fec(s) are Tesue Pee Publication Fee (No s Advance Order - # of Change in Entity Status Change in Entity Status A Applicant claims SI	NO ATNER BY SHARON E The address or indication of "F The dence address (or Change of 22) attached. The address (or	S1370 ART UN 3762 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NOT (B.	2. For print (1) the nam or agents O (2) the nam registered a 2 registered listed, no na THE PATENT data will apper (a substitute f) RESIDENCI Apple Gro Payment of F A check in Payment b The Direct Deposit Accord	CLASS-SUI 604-09 ing on the patent of the	BCLASS 6010 It front page, lifegistered pater It and the nance of agents. If the series of agents are agents. If the series of agents are agents. If the series of agents are agents are agents are agents. If the series of agents are agents are agents are agents are agents are agents. If the series agent agents are agents are agents agen	igt nt attorn a memb nes of un no nam nee is id UNTRY orporati closed. 3 is atta harge th	sicra 2 properties 3 properties	only 18/2005 Arrett&Steir locument has been oup entity Gov credit any overpay opy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

29,592

Registration No.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Walter J. Steinkraus

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

David A. Ferrera, Ronald A. Sahatjian, Andrew J. Campbell,

and George C. Michaels

Application No.:

10/600017 June 19, 2003

Filed: For:

DILATION CATHETER BALLOON MADE FROM PEN BASED HOMOPOLYMER OR RANDOM COPOLYMER

Examiner:

Mr. Paul H. Burmeister

Group Art Unit:

3763

Firm Docket No.:

S63.2N-6259-US03

DATE: <u>January 17, 2005</u>

TIME: 4:23

FACSIMILE NO.: 703-746-4000

TOTAL NUMBER OF PAGES (including transmittal letter):

FACSIMILE TRANSMITTAL LETTER

Following please find a(n) 1 page Fee Transmittal; 1 Page Fee Address Indication Form: 2 Page Assignee's Statement of Ownership; 1 Page Articles of Merger of Boston Scientific Scimed, Inc. With and Into Scimed Life Systems, Inc. and 1 page Facsimile Transmittal Letter.

With respect to fees:

- □ No additional fee is believed to be required
- Charge our Deposit Account No. 22-0350 in the amount of \$1670.00.
- Charge any fee deficiency to our Deposit Account No. 22-0350

Conditional Petition

If any extension of time for the accompanying response is required or if a petition for any other matter is required, applicant requests that this be considered a petition therefore.

If any additional fees associated with this communication are required and have not otherwise been paid, please charge the additional fees to Deposit Account No. 22-0350. Please credit overpayment associated with this communication to the Deposit Account No. 22-0350.

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

Date: January 17, 2005

Walter J. Steifikraus

Registration No.: 29592

6109 Blue Ĉircle Drive, Suite 2000 Minnetonka, MN 55343-9185 Telephone: (952) 563-3000 Facsimile: (952) 563-3001

f:\wpwork\wjs\06259us03_tra_20050117.doc

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-746-4000 on January 17, 2005.

Signature:

Heidi J. Steuter